

EIS-123

STATE OF IDAHO  
EMPLOYEE INFORMATION SYSTEM  
SOCIAL SECURITY NUMBER CHANGE FORM

FIELD NAME DATA ENTRY PURPOSES ONLY	<b>FIELD NAME</b>
	DATA

3 41 42 80  
8

<b>AGENCY NAME:</b>	
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<b>AGENCY/PAY LOCATION:</b>	
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USER	ORG #	SOCIAL SECURITY #

01                  04                  07    15

<b>EMPLOYEE NAME</b>

THIS FORM IS USED TO CHANGE AN EMPLOYEE'S SOCIAL SECURITY NUMBER (ABOVE) TO THE SOCIAL SECURITY NUMBER (BELOW).

EFFECTIVE DATE	ID	TRAN	0 0 2	SOCIAL SECURITY	0 0 4	PAY GROUP
	H   1	2   0   5				0   1

16                          22                  24                  26

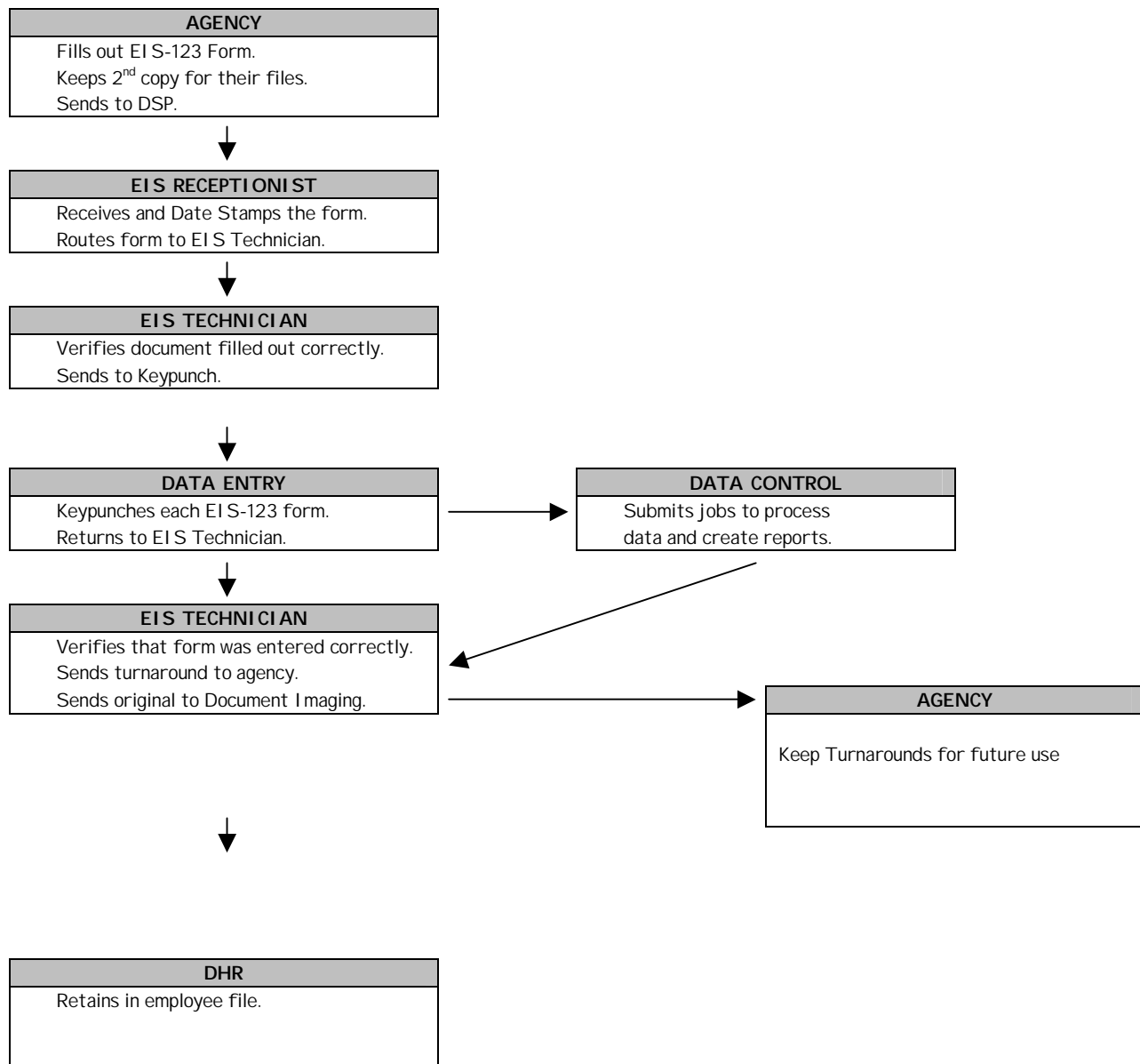
<b>PAY GROUPS</b> Refer to page 2.10.170 in your manual.
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REMARKS:
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PREPARED BY:	APPROVED BY:
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EMPLOYEE INFORMATION SYSTEM MANUAL  
SOCIAL SECURITY NUMBER CHANGE FORM EIS-123

Flow Chart for EIS-123



# EMPLOYEE INFORMATION SYSTEM MANUAL

## SOCIAL SECURITY NUMBER CHANGE FORM EIS-123

**Purpose:** The Social Security Number Change is used to correct an employee's SSN.

Since this form is infrequently used, IF NEEDED TAKE A PHOTOCOPY of the one on page 1.

**Requirements:** Social Security number must be validated against employee's Social Security Card.

**Distribution:** COPIES = 1  
1<sup>ST</sup> Copy = White - Controller's Office, DHR

**Complete the form and route as follows:**

First copy of EIS-123 (White) is sent to DSP, State Controller's Office with a Document Transmittal (EIS-126).

After this form is processed, a turnaround (Personnel Change EIS-103) will be sent to the agency with the new Social Security number. The agency should verify the change and discard the old EIS-103 with the bad Social Security number.

**Procedures:** Each field on the form, except for the Form Requirements Fields, is preceded by a 3-digit code, which is used only by Data Entry for identification purposes.  
Use red ink or red typewriter ribbon. If an error is made, fill out a new form. Do not use white correction tape.

### Form Requirements

FIELD	EDIT	COMMENT
Agency Name:	Name of your agency.	Optional.
Pay Location:	Can be 2 or 4 digits depending on how your agency is set up with DSP.	Optional.
User:	The initials of person filling out the form.	Required. Length is 3.
Org #:	3-digit code assigned to your agency.	Required. Length is 3.
Social Security Number:	Employee's Social Security Number.	Required. Length is 9.
Employee's Name:	Employee's First & Last Name for identification purposes only.	Required.
Remarks:	Agency's comments concerning data to be processed on form. Employee signature can be signed in this area.	Optional.
Prepared By:	The person who is completing the form and date signed.	Required.
Approved By:	Can be signed by employee or left blank. The exception is an EIS-158 or EIS-C042 for a Manual Check which needs to be signed by Agency or Department Head.	Required.

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**205 TRANSACTION**

**PURPOSE:**

Transaction 205 (Social Security Change) is used to change the employee's Social Security Number. Use this transaction if the employee's number has been established in error.

**NOTE:**

- A Social Security Number change should not be included with other transactions for the employee. This could cause other transactions that are sent in at the same time for this employee not to process.
- When a 205 transaction is processed, a 103 and a 154 turnaround will be generated. If an employee is active (A, I, or B) in any other agency a report is generated (BU443140 – Social Security Number and Name Change) and sent to that agency.
- If an employee is terminated in any agency with the incorrect social security number, his or her record will be updated with the new social security number, but no 103 or 154 turnarounds or report will be generated.

FIELD	EDIT	COMMENT
SOCIAL SECURITY NUMBER	The employee's incorrect Social Security Number.	Required. Length is 9.
EFFECTIVE DATE	The Pay Period Begin date in which the change is to be effective.  Format = MMDDYY.  Refer to Calendar – Reference Section, 4.15.	Required. Length is 6.
SOCIAL SECURITY NUMBER (002)	The correct Social Security Number for the employee.	Required. Length is 9.
PAY GROUP (004)	This code identifies the Pay Period Calendar used to pay an employee.  Pay Group Codes are:  '01' = Bi-Weekly - Regular '06' = Bi-Weekly - Universities '10' = Weekly - Casual Labor / Firefighters '20' = Monthly - Judicial Branch	Required. Length is 2.